

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.	Jacqueline Evans	Street: 3006 Worthington Ave #4 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Amy Clements, (certify): I reside at 2126 LaFollette Ave (Circulator's Residence - Street name and Number)

(Name of Circulator) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
Month Day Year

Amy Clements
(Signature of Circulator)

Page No. (Official Use Only)

2057

A2911

Circulator

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Katy France	<i>Katy France</i>	Street: 614 Vernon Ave City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. WILLIAM BLONDEAU	<i>W. Blondeau</i>	Street: 122 N 6TH ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. ALEXANDRA KRUCAS	<i>Alexandra Krucas</i>	Street: 2332 E Washington City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Amy Clements, (certify): I reside at 2126 Lafayette Madison
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 15, 2011
 (Month) (Day) (Year)

Amy Clements
 (Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>ROBERT A. OEHLKERS</u> Sign: <u>Robert A. Oehlkers</u>	Street: <u>5504 WINNEQUAH TRAIL</u> City: <u>MONONA</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MONONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>oehlker</u> Phone <u>(608)</u>
2. Print: <u>Meredith Oehlkers</u> Sign: <u>Meredith Oehlkers</u>	Street: <u>5504 WINNEQUAH TRAIL</u> City: <u>Monona Wi</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>maedeh</u> Phone <u>(608)</u>
3. Print: <u>Linda Mertes</u> Sign: <u>Linda Mertes</u>	Street: <u>2 Harvest Circle</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Ann BRINK</u> Sign: <u>Ann C Brink</u>	Street: <u>5706 Ambrosia Ter</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>caddy</u> Phone <u>(608)</u>
5. Print: <u>Betty Ballenger</u> Sign: <u>Betty Ballenger</u>	Street: <u>95 Springview Ct Apt A</u> City: <u>madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>NA</u> Phone <u>1-608</u>

Certification of Circulator

I, Meredith Oehlkers (Printed Name of Circulator) certify: I reside at 5504 WINNEQUAH TRAIL (Circulator's Residence - Street Name and Number) Monona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov, 16, 2011
(Month) (Day) (Year)
Meredith Oehlkers
(Signature of Circulator)

Page No. (Official Use Only)

2053

Circulators,
Please include your c

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committed

PO Box 29

Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>DANIEL F. THOMAS</u> Sign: <u>[Signature]</u>	Street: <u>709 CHRISTIANSEN WAY</u> City: <u>STOUGHTON</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>STOUGHTON</u> (Municipality Name)	<u>11 / 16 / 2011</u> (Month) (Day) (Year)	Email <u>d.f.th</u> Phone <u>(608</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone (

Certification of Circulator

I, DANIEL F. THOMAS, (certify): I reside at 709 CHRISTIANSEN WAY
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

CITY OF STOUGHTON, WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Please include your c

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Email

d.f.th

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Barbara FOULK</u> Sign: <u>Barbara Foulk</u>	Street: <u>3396 Kuehling DR</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>GLENDA JOHNSON</u> Sign: <u>GLENDA JOHNSON</u>	Street: <u>640 STONEBRIAR LANE</u> City: <u>OREGON</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>OREGON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Amy Malueg</u> Sign: <u>Amy Malueg</u>	Street: <u>5207 Broadhead St</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Scott Heinz</u> Sign: <u>Scott Heinz</u>	Street: <u>5907 Res Oak Trail</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Nikole Chapman</u> Sign: <u>Nikole Chapman</u>	Street: <u>5927 Prairie Wood Dr</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, GLENDA JOHNSON, (certify): I reside at 640 STONEBRIAR LANE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

OREGON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

GLENDA JOHNSON
(Signature of Circulator)

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Circulators,
Please include your contact

Phone
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Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Tamara Packard</u> Sign: <u>Tamara Packard</u>	Street: <u>620 S. Brearly St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Kelli McNett</u> Sign: <u>Kelli McNett</u>	Street: <u>3157 Muir Field Rd. Apt 41</u> City: <u>Madison, WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Susan L. Brown</u> Sign: <u>Susan L. Brown</u>	Street: <u>259 E Netherwood Rd</u> City: <u>Oregon, WI</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>LISA V. FOX</u> Sign: <u>Lisa V. Fox</u>	Street: <u>8252 STARR GRASS DR</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Genevieve Gibbs-Benesch</u> Sign: <u>Genevieve Gibbs-Benesch</u>	Street: <u>4714 Jade Lane</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()

Certification of Circulator

I, Tamara Packard, (certify) I reside at 620 S. Brearly St. Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Tamara Packard
(Signature of Circulator)

Page No. (Official Use Only)
2056

Circulators.
Please include your
Phone
608
Email
Packard

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>M. Alison Ten Bruggencate</u> Sign: <u>[Signature]</u>	Street: <u>14 st. Lawrence Circle</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Nancy Rettenmund</u> Sign: <u>[Signature]</u>	Street: <u>498 Basswood Ave.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>Halbryn Petrie</u> Sign: <u>[Signature]</u>	Street: <u>2348 Hwy 19</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>1833 Rutledge St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: <u>Kenny Wright</u> Sign: <u>[Signature]</u>	Street: <u>1507 S. Thompson</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Tamara Beckard, (certify): I reside at 620 S. Grearly St. Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis. Stat.

11 / 15 / 2011
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2057

A29
Circulators,
Please include your
Phone
608
Email
Beckard

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Margaret Slattery</u> Sign: <u>Margaret Slattery</u>	Street: <u>5621 Irongate Dr.</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Lee Cullen</u> Sign: <u>Lee Cullen</u>	Street: <u>445 North Fen St</u> City: <u>Madison</u> Zip: <u>53708</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Garnie Benedon</u> Sign: <u>Garnie Benedon</u>	Street: <u>7 Sherman Terrace #15</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Nicole Vandenberg</u> Sign: <u>Nicole Vandenberg</u>	Street: <u>309 W. Washington Ave</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/13/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Deborah M Smith</u> Sign: <u>Deborah M Smith</u>	Street: <u>3821 Constitution Dr</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Tamara Becker (Printed Name of Circulator), (certify): I reside at 620 S. Brearly St. (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Tamara Becker
(Signature of Circulator)

Page No. (Official Use Only)
2058

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Circulators.
Please include your
Phone
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Email
Beck

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>Teresa Kobelt</u> Print: <u>Teresa Kobelt</u> Sign:	Street: <u>7208 Hubbard Ave</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
2. <u>Kent Carmell</u> Print: <u>Kent Carmell</u> Sign:	Street: <u>5259 Anna Lane</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
3. <u>Barbara Givara</u> Print: <u>Barbara Givara</u> Sign:	Street: <u>102 N. Franklin St</u> <u>Apt 205</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
4. <u>Jeanne Armstrong</u> Print: <u>Jeanne Armstrong</u> Sign:	Street: <u>5358 Coney Weston Pl.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
5. <u>JOSHUA KINDKEPER</u> Print: <u>Joshua Kindkeper</u> Sign:	Street: <u>409 Walnut Dr</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (

I, Tamara Beckard, (certify): I reside at 6205 Bearly St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Tamara Beckard
(Signature of Circulator)

Page No. (Official Use Only)
2059

Circulators.
Please include your c
Phone
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Email
Beckard

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Satoshi Kinoshita</u> Sign: <u>Satoshi Kinoshita</u>	Street: <u>510 Goldenrod Circle</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>sski</u> Phone (608)
2. Print: <u>Heather Reekie</u> Sign: <u>Heather Reekie</u>	Street: <u>706 Ariel Lane</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ahreek</u> Phone (608)
3. Print: <u>Tesia Storch</u> Sign: <u>Tesia Storch</u>	Street: <u>1125 Prairie Way Cir</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>tesia11</u> Phone (608)
4. Print: <u>Sara Sandler</u> Sign: <u>Sara Sandler</u>	Street: <u>591 Harvest Ln</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>thesand</u> Phone (608)
5. Print: <u>Kerry Griffin</u> Sign: <u>Kerry Griffin</u>	Street: <u>718 FOREST VIEW</u> City: <u>VERONA</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>griff</u> Phone (608)

Certification of Circulator

I, Jana Schroeder (Printed Name of Circulator) (certify): I reside at 304 Military Ridge Dr. (Circulator's Residence - Street Name and Number) Verona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Jana Schroeder
(Signature of Circulator)

Page No. (Official Use Only)
2060

Return by
Committee to
PO Box 2569
Madison, WI

Circulators,
Please include your contact information

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Chris B. Hauptmann</u> Sign: <u>[Signature]</u>	Street: <u>304 Military Ridge Dr.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>608</u>
2. Print: <u>Judy Weidman</u> Sign: <u>Judy Weidman</u>	Street: <u>543 Linden Ct.</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>608</u>
3. Print: <u>Connie Dankle</u> Sign: <u>Connie Dankle</u>	Street: <u>408 Glacier Ridge</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Theresa Elsey</u> Sign: <u>Theresa Elsey</u>	Street: <u>619 W. Miffelin Apt. C</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Jana Schroer</u> Sign: <u>Jana Schroer</u>	Street: <u>304 Military Ridge Dr</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Jana Schroer (certify): I reside at 304 Military Ridge Dr. Verona
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Jana Schroer
(Signature of Circulator)

Page No. (Official Use Only)

#2061

Return by

Committee
PO Box 25
Madison, WI

Circulators,
Please include your

Phone
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Email
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Anne Loppnow</u> Sign: <u>Anne Loppnow</u>	Street: <u>603 Woodlawn Way</u> City: <u>Verona WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>DAVID DOHNAL</u> Sign: <u>D D</u>	Street: <u>416 GLACIER RIDGE TR.</u> City: <u>VERONA WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Theresa Stuesser</u> Sign: <u>Theresa Stuesser</u>	Street: <u>317 W. Whispering Pines Way</u> City: <u>Verona, WI</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Laura Kaiser</u> Sign: <u>Laura Kaiser</u>	Street: <u>138 E Wilson #502</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Jo-Ann O'Brien-Shor</u> Sign: <u>Jo-Ann O'Brien-Shor</u>	Street: <u>6487 Scene + Dr.</u> City: <u>Verona, WI</u> Zip: <u>53543</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (

I, Jana Schroeder (certify): I reside at 304 Military Ridge Dr
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Verona
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

J. Schroeder
(Signature of Circulator)

Page No. (Official Use Only)
2062

Circulators,
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>JOSE KAUICH</u> Sign: <u>[Signature]</u>	Street: <u>102 PONWOOD CIRCLE UNIT E</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>joshka</u> Phone (608)
2. Print: <u>Adam Laurent</u> Sign: <u>Adam Laurent</u>	Street: <u>2762 Richardson St</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ajla</u> Phone (608)
3. Print: <u>Joe Wineke</u> Sign: <u>Joe Wineke</u>	Street: <u>412 EDWARD ST.</u> City: <u>VERONA</u> Zip: <u>53583</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>WJ</u> Phone (608)
4. Print: <u>Pratny J Aspinwall</u> Sign: <u>[Signature]</u>	Street: <u>3026 Shafford DR.</u> City: <u>MADISON</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>NTG</u> Phone (608)
5. Print: <u>Rick Ryan</u> Sign: <u>[Signature]</u>	Street: <u>1719 Sandy Rock</u> City: <u>Hollandale</u> Zip: <u>53544</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Moscow</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>608</u> Phone ()

I, Joe Wineke (Printed Name of Circulator) (certify): I reside at 412 EDWARD STREET VERONA 53583 (Circulator's Residence - Street Name and Number) VERONA (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2063

Return
Commit
PO Box
Madison

Circulators,
Please include your

Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Noelle Ambrose</u> Sign: <u>Noelle Ambrose</u>	Street: <u>1922 Scott Ln.</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. Print: <u>Nicole Svensson</u> Sign: <u>Nicole Svensson</u>	Street: <u>1260 Virgin Lake Dr.</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, Emily Kolman (certify): I reside at 630 Poplar Way
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Verona
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Emily Kolman
(Signature of Circulator)

Page No. (Official Use Only)
2064

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Circulator
Please include

Phone: _____
Email: _____

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LORI A. Hilgenberg	<i>Lori A. Hilgenberg</i>	Street: 6922 Park Ridge Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Jeffrey J. Bader	<i>Jeffrey J. Bader</i>	Street: 314 S. Main St. Unit 305 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
3. Charles C Gerhardt	<i>Charles C Gerhardt</i>	Street: 503 Edward St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
4. Gina Anderson	<i>Gina Anderson</i>	Street: 75 V Oak St City: Plattville WI Zip: 53818	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plattville	11 / 15 / 2011 (Month) (Day) (Year)
5. Mary Jane Brummer	<i>Mary Jane Brummer</i>	Street: 7513 Widgeon Way City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Brian L. Stuesser	<i>B Stuesser</i>	Street: 609 Ethan Terrace City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
7. Beth Zurbuchen	<i>B Zurbuchen</i>	Street: 3210 Nottingham Way City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. ROBERT W. MAURICE IV	<i>Robert W. Maurice IV</i>	Street: 325 WESTRIDGE PARKWAY City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11 / 15 / 2011 (Month) (Day) (Year)
9. Dean Anderson	<i>Dean Anderson</i>	Street: 176 Paoli St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
10. Amy Grant	<i>Amy Grant</i>	Street: 410 Acadia Way City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Deborah Klein, (certify): I reside at 404 Dunhill Dr. Verona
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Deborah Klein
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LYNDIA BADER	<i>Lyndia Bader</i>	Street: 314 S. Main Str #305 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
2. Karen Williams	<i>Karen Williams</i>	Street: 973 Park St, Unit 201 City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Kathleen Hauser	<i>Kathleen Hauser</i>	Street: 113 Edward St. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. Judith E. Niederberger	<i>Judith E. Niederberger</i>	Street: 6384 DeMarco Trail City: Verona Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Verona <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Christopher Patton	<i>Christopher Patton</i>	Street: 873 Potter Pass City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Blakeley Boyd	<i>Blakeley Boyd</i>	Street: 302 Prairie Heights Dr City: Verona Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Charyn Grandau	<i>Charyn Grandau</i>	Street: 106 Melody Cr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Erin Marie McCarthy	<i>Erin Marie McCarthy</i>	Street: 113 Paoli St. Apt #115 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Marcia Olson Castillo	<i>Marcia Olson Castillo</i>	Street: 176 PAOLI ST City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Deborah Klein, (certify): I reside at 404 Dunhill Dr Verona
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11/15 2011
(Month) (Day) (Year)

Deborah Klein
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. HANI ELABEN	<i>Hani Elaben</i>	Street: 843 QUESTA RIDGE TRAIL City: VERONA, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
2. Annette Stratman-Dunne	<i>Annette Stratman-Dunne</i>	Street: 303 S. Marietta St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
3. Eric Wagner	<i>Eric Wagner</i>	Street: 540 Oakwood Drive City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
4. Mike Huston	<i>Mike Huston</i>	Street: 290 Prairie Heights Dr #309 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
5. Eric Hoeve	<i>Eric Hoeve</i>	Street: 140 Westridge Pkwy City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Anne Miller	<i>Anne N. Miller</i>	Street: N8494 Poplar Grove Rd. City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/15/2011 (Month) (Day) (Year)
7. WILLIAM B. BAUMANN	<i>William B. Baumann</i>	Street: 579 HARVEST LANE City: VERONA, Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jill Bemis, (certify): I reside at 37 Smyken Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Jill Bemis
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. BRIAN CASSEL	<i>Brian Cassel</i>	Street: 604 ROVALIA DR City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/20__ (Month) (Day) (Year)
2. Jennifer Murray	<i>Jennifer Murray</i>	Street: 472 Hillcrest Cir City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
3. Taine Hatch-Rymer	<i>Taine Hatch-Rymer</i>	Street: N5570 Baylee Drive City: Fond du Lac WI Zip: 53493	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Empire	11/15/2011 (Month) (Day) (Year)
4. Natali Hoeve	<i>Natali Hoeve</i>	Street: 140 Westridge Pkwy. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
5. Scott Johnson	<i>Scott Johnson</i>	Street: 7209 Gladstone Drive City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)

Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Snyken Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

Jill A Bemis
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Theresa Battles	<i>Theresa Battles</i>	Street: 513 Ashton Dr City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
2. Mary Temby	<i>Mary Temby</i>	Street: 913 Maple Rd City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
3. Danielle Larson	<i>Danielle Larson</i>	Street: 119 N Franklin St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. Michael Mackler	<i>Michael Mackler</i>	Street: 103 Holiday Ct City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
5. Diane Robinson	<i>Diane Robinson</i>	Street: 2053 Hwy P13 City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Shahan Zaman	<i>Shahan Zaman</i>	Street: 154 Acker Court City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Amy Keller	<i>Amy Keller</i>	Street: 408 S. Jefferson St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Catherine Kohl	<i>Catherine Kohl</i>	Street: 901 Hemlock Dr. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Paula McGuire	<i>Paula McGuire</i>	Street: 210 N. Jefferson St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. Sharon K Newhouse	<i>Sharon K Newhouse</i>	Street: 1629 Tamrackway City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)

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SCOTT WALKER RECALL PETITION

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1. Patricia Rieder	<i>Patricia Rieder</i>	Street: 57663 Grandview Ave City: Merrimac Zip: 53561	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrimac	11/15/2011 (Month) (Day) (Year)
2. Karen Maund	<i>Karen Maund</i>	Street: 8163 Windy Oak Lane City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)
3. Megan O'Brien	<i>Megan O'Brien</i>	Street: 85 Hawks Ldg Cir #114 City: Verona, WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. Jeffrey W. Thompson	<i>Jeffrey W. Thompson</i>	Street: 119 Parkway Ave City: Belleville Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Belleville	11/15/2011 (Month) (Day) (Year)
5. Tina M. Klimke	<i>Tina M. Klimke</i>	Street: W2475 State Rd. 92 City: Brooklyn WI Zip: 53521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)
6. Mary L. Faulstich	<i>Mary L. Faulstich</i>	Street: 7478 Hillcrest Drive City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. David Spiering	<i>David Spiering</i>	Street: Verona WI 53593 4335 Main St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Jennifer Hamad	<i>Jennifer Hamad</i>	Street: 760 Fairview Ter City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Joshua Thays	<i>Joshua Thays</i>	Street: 114 E. Church St. City: Belleville Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Belleville	11/15/2011 (Month) (Day) (Year)
10. Melissa Helgesen	<i>Melissa Helgesen</i>	Street: 403 S Main St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

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Deborah Klein
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Kevin Calabrese	<i>Kevin Calabrese</i>	Street: 2515 East Dayton St. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Jessica Lanius	<i>Jessica Lanius</i>	Street: 1025 Kettle Ct City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
3. Elsa Bruner	<i>Elsa Bruner</i>	Street: 6101 Mulberry Dr City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jill Bemis	<i>Jill A Bemis</i>	Street: 37 Smykin Cir City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. MARY LITTLE	<i>Mary Little</i>	Street: 306 LUCILLE ST City: VERONA, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
6. Robert Little	<i>Robert Little</i>	Street: 306 Lucille St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Pamela L. Habis	<i>Pamela L. Habis</i>	Street: 735 TAMARACK CT City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Marilyn L. Schairer	<i>Marilyn L. Schairer</i>	Street: 4325 Winnequah Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
9. John E. Schairer	<i>John E. Schairer</i>	Street: 4325 Winnequah Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City monona	11/15/2011 (Month) (Day) (Year)
10. LARRY KROEGER	<i>Larry Kroeger</i>	Street: 422 South main City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City verona	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smykin Circle Madison WI Madison.
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Jill A Bemis
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. SETH J. FISCHER		Street: 314 PALOMINO LN APT 2 City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Suzanne S Olajos		Street: 668 Harvest Ln City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
3. Connie Krueger		Street: 432 South Main Street City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. LAURA ROBERTS		Street: 7202 CROSS COUNTRY City: VERONA WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
5. SUSAN LANIUS		Street: 2830 INTERLAKEN PASS City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. HELEN LOSCHNIGG-FOX		Street: 540 BOWERS RD City: BELLEVILLE WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PRIMROSE	11/15/2011 (Month) (Day) (Year)
7. Laura Reddan		Street: 306 Birchwood La City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. Steve Devereaux		Street: 6858 Paoli Rd. #6 City: Belleville WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Montrose	11/15/2011 (Month) (Day) (Year)
9. Laura Mayer		Street: 102 Paoli St #1 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Smykin Circle Madison
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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 #2072

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kim Matney	<i>Kim Matney</i>	Street: 105 S. Jefferson St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Verona</i>	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jill A Bemis, (certify): I reside at 37 Snykin Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.


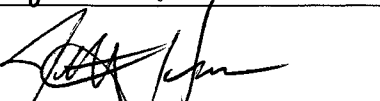
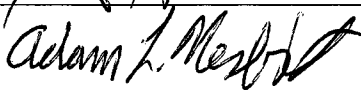
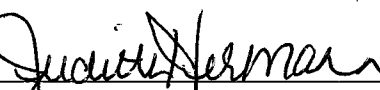

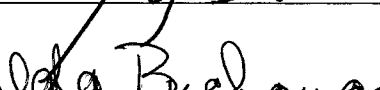
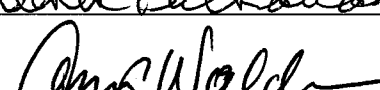
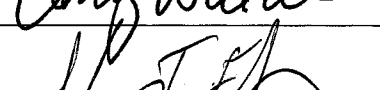
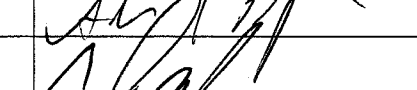
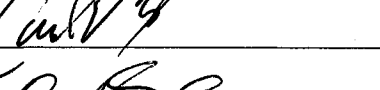
11 / 15 / 20
(Month) (Day) (Year)

Jill A Bemis
(Signature of Circulator)

Page No. (Official Use Only)
2023



To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jacob Dan Shea		Street: 3122 Atwood Avenue City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Jonathan Hansen		Street: 3721 Clover Ln City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Adam Nesbit		Street: 37 Lansing Street City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Judith Hermann		Street: 1028 E. JUNEAU AVE #225 City: Milwaukee Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/16/2011 (Month) (Day) (Year)
5. Mary Betts		Street: 2309 Center Ave. #1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Ida Buchanan		Street: 7146 Tree Lane 53717 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Amy Walden		Street: 3818 St. Clair St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Adam Freihoefer		Street: 6903 Littlemore Dr #202 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Chad Vogel		Street: 1 E Gilman City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Ery Gildrie-Voyles		Street: 605 Baltzell City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

I, Betsy L. Wilcox, (certify): I reside at 3314 Derby Down Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2074

Circulat

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Eileen Hochmuth Sign: Eileen Hochmuth	Street: 2888 Asmundsen Rd. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
2. Print: PHILLIP NEHMER Sign: Phillip Nehmer	Street: 5203 Autumn Leaf Ln. Apt 384 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
3. Print: Brian J. Mittell Sign: Brian J. Mittell	Street: 2426 Summers Ave. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
4. Print: Victoria Chung Sign: Victoria Chung	Street: 2642 S. Stoughton Road City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Print: David Chirico Sign: David Chirico	Street: 17 SAINT ALBANS AVE City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, STEVEN L. GUSTAFSON, (certify): I reside at 1341 VICAR AVE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison, WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

Steven L. Gustafson
(Signature of Circulator)

Page No. (Official Use Only)
205

Circulators,
Please include your contact information

Phone:
Email: (608) 2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>ANDREA L. BEIL</u> Sign: <u>[Signature]</u>	Street: <u>125 S Hancock St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Andrea.beil@madisonwi.gov</u> Phone <u>(608) 261-1234</u>
2. Print: <u>James Garcia</u> Sign: <u>[Signature]</u>	Street: <u>2692 S. Stoughton Rd</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>() () ()</u>
3. Print: <u>Catherine Caro-Bruce</u> Sign: <u>Catherine Caro-Bruce</u>	Street: <u>710 Baltzell St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>() () ()</u>
4. Print: <u>Steve Martinelli</u> Sign: <u>[Signature]</u>	Street: <u>2215 W. RIDGE ROAD</u> City: <u>COTTAGE GROVE</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>COTTAGE GROVE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>() () ()</u>
5. Print: <u>THOMAS JOHN EASTON</u> Sign: <u>[Signature]</u>	Street: <u>1009 LAKE COURT</u> City: <u>MADISON</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>EASTON56@madisonwi.gov</u> Phone <u>(608) 261-1234</u>

I, STEVEN L. GUSTAFSON (certify): I reside at 1341 VILAS AVE Madison WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2076

Circulators,
Please include your contact information

Phone
(608) 261-1234
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53703

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Barb Easton Sign: Barb Easton	Street: 1009 Lake Court City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
2. Print: Mike Netzer Sign: Mike Netzer	Street: 19 Springfield Ct City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: Phone: (608) 69
3. Print: Melissa Weymiller Sign: Melissa Weymiller	Street: 2305 S. Park St. Apt 2 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: mmweym Phone: Cincinnati (608) 4
4. Print: Clayton Williams Sign: Clayton Williams	Street: 1029 Ridgewood Way City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()
5. Print: James Tomony Sign: James Tomony	Street: 1215 Elizabeth 53703 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: Phone: ()

I, STEVEN L. GUSTAFSON, (certify): I reside at 1341 VILAS AVE.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON, WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Steven L. Gustafson
(Signature of Circulator)

Page No. (Official Use Only)
2077

Circulators,
Please include your contact information

Phone:
(608) 2
Email:

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Susan Smedberg</u> Sign: <u>SK Smedberg</u>	Street: <u>2684 Granite Cr</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Rebecca Behling</u> Sign: <u>R & Behling</u>	Street: <u>5909 South Hill Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>David Last</u> Sign: <u>David Last</u>	Street: <u>N5993 County Rd C</u> City: <u>Waterloo</u> Zip: <u>53594</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Mills</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Sherrie Ray</u> Sign: <u>Sherrie Ray</u>	Street: <u>2514 Ravenswood Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>KEVIN MULLANEY</u> Sign: <u>K Mullaney</u>	Street: <u>1306 RUTLEDGE ST.</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, STEVEN L. Gustafson (certify): I reside at 1341 VILAS AVE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON, WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Steven L. Gustafson
(Signature of Circulator)

Page No. (Official Use Only)
2078

Circulators,
Please include your contact information

Phone
(608) 2
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53703

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Colleen Storck</u> Sign: <u>Colleen Storck</u>	Street: <u>2008 Vilas Avenue</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>LAUREEN L BUSSAN</u> Sign: <u>Laureen L Bussa</u>	Street: <u>5510 Alben Ave</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Jon Tallings</u> Sign: <u>Jon Tallings</u>	Street: <u>4761 Schneider Dr</u> City: <u>Fitchburg</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Robert Kiel</u> Sign: <u>Rob Kiel</u>	Street: <u>111 W. Wilson</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Therese Dary</u> Sign: <u>Therese Dary</u>	Street: <u>701 Beckman St.</u> City: <u>Waupun, WI</u> Zip: <u>53963</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waupun</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>tdary@</u> Phone (920) 312

I, STEVEN L. GUSTAFSON, (certify): I reside at 1341 Vilas Ave MADISON WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. Stats.

11/1/11 12011
(Month) (Day) (Year)

Steven L. Gustafson
(Signature of Circulator)

Page No. (Official Use Only)
2079

Circulators,
Please include your contact information

Phone
(608) 2
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>RAMON V NATERA</u> Sign: <u>Ramon V Natera</u>	Street: <u>4002 Duke St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: () ()
2. Print: <u>Mark Lee</u> Sign: <u>Mark Lee</u>	Street: <u>W8116 Canterbury Ln #10</u> <u>Lake Mills</u> City: <u>Lake Mills</u> Zip: <u>53551</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Mills</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>leaville</u> Phone: () ()
3. Print: <u>Mary Jo Cleaver</u> Sign: <u>Mary Jo Cleaver</u>	Street: <u>3418 S. Stone Creek Cir</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: () ()
4. Print: <u>Chad Clayton</u> Sign: <u>Chad Clayton</u>	Street: <u>2402 Independence Ln apt 206</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: () ()
5. Print: <u>Nancy McVary</u> Sign: <u>Nancy McVary</u>	Street: <u>1115 McLean Dr</u> City: <u>Madison</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: () ()

Certification of Circulator

I, STEVEN L. GUSTAFSON (Printed Name of Circulator) (Certify): I reside at 1341 V. L. AS Ave. (Circulator's Residence - Street Name and Number)

Madison, WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 14 / 2011
(Month) (Day) (Year)

Steven L. Gustafson
(Signature of Circulator)

Page No. (Official Use Only)
2080

Circulators,
Please include your contact information

Phone:
(608)
Email:

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Selene McHugh		Street: 5705 Hammersley City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Lisa M Schleicher		Street: 3902 maple grove #3 City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Barbara Tanner		Street: 558 Union Rd City: Brooklyn Zip: 53521	<input checked="" type="checkbox"/> Town Oregon <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Nade Van Hecke		Street: 630 Cherry Wood Dr City: Oregon, WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Jessica Baucher		Street: 6138 Thornburg Dr City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
Victoria Bohm		Street: 1301 Nishishin Tr City: Monroe WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City monroe	11/16/2011 (Month) (Day) (Year)	Email Phone
7. R. Kummer		Street: 9405 Wauppernill City: Middleton Zip: 53582	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)	Email Phone
8. B. Fingerhut		Street: 511232 W. 1500 Cr City: Spring Green Zip: 53588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Franklin	11/16/2011 (Month) (Day) (Year)	Email Phone
9. Robin Wipperfurth		Street: W749A Hwy B City: Foyette WI Zip: 53955	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deorra	11/16/2011 (Month) (Day) (Year)	Email Phone
10. David H Kelong		Street: 10 Leyton Circle City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, SETH NEWMAN, (certify): I reside at 1256 Spaight St #1 MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kristin Huotari	<i>Kristin Huotari</i>	Street: 1256 Spaight St #1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Amy Woulfe	<i>Amy Woulfe</i>	Street: 1256 Spaight St #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Aaron Ingold	<i>Aaron Ingold</i>	Street: Maple Valley Dr. #302 City: Madison, WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. ADAM LIEBERG	<i>Adam Lieberg</i>	Street: 15 N Baldwin St #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. JARED SCHABER	<i>Jared Schaber</i>	Street: 15 N Baldwin St Apt #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Ryan Korpi	<i>Ryan Korpi</i>	Street: 324 E Blue St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Jennifer A. Jones	<i>Jennifer A. Jones</i>	Street: 33 Cowy St. Apt. 2 City: Madison WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Amy S. Hedding	<i>Amy S. Hedding</i>	Street: 1007 Grove St City: Beaver Dam WI Zip: 53914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	11/15/2011 (Month) (Day) (Year)
9. Colleen Berg	<i>Colleen Berg</i>	Street: 29 N. 1st St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Anna Weidemann	<i>Anna Weidemann</i>	Street: 29 N. First St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Seth Newman, (certify): I reside at 1256 Spaight St. Madison Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MIRIAM FARBER	<i>Miriam Farber</i>	Street: 146 JACKSON ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Jennifer Kakuske	<i>Jennifer Kakuske</i>	Street: 5502 Sedgemoor Rd City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
3. Dawn Malbroek	<i>Dawn Malbroek</i>	Street: 491 White Tail Dr City: Sun Prairie Zip: 53591	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
4. Erin M. Ginder	<i>Erin M. Ginder</i>	Street: 3141 Patty Lane City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
5. Farideh Mehraei	<i>Mehraei</i>	Street: 5992 Schroeder City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Thomas E O'Connor	<i>Thomas E O'Connor</i>	Street: 712 S. Walker Way City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
7. Jenni L. Danks	<i>Jenni L. Danks</i>	Street: 6201 Ackley Pkwy City: DeForest Zip: 53532	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DeForest	11/16/2011 (Month) (Day) (Year)
8. Amy Shepard	<i>Amy Shepard</i>	Street: 5230 Safford Dr City: Fitchburg Zip: 53111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
9. Alicia Katsma	<i>Alicia Katsma</i>	Street: 2509 Lebold City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Seth Newman, (certify): I reside at 1256 Spaight St #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011
(Month) (Day) (Year)

Seth Newman
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. James Yoder	<i>James Yoder</i>	Street: 1010 Midland St. City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Deborah Yoder	<i>Deborah Yoder</i>	Street: 1010 Midland St. City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. RITA CHARCZYNSKI	<i>Rita Charczynski</i>	Street: 2911 UNION ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Janna Donovan	<i>Janna Donovan</i>	Street: 1338 E. WILSON City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. NATHAN CHAPPEL	<i>Nathan Chappel</i>	Street: 2701 E JOHNSON City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Liz Stettelman-Scanlan	<i>Liz Stettelman-Scanlan</i>	Street: 2757 Union St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Chad McClure	<i>Chad McClure</i>	Street: 3809 Margaret St. City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Kelly Wright	<i>Kelly Wright</i>	Street: 625 E. Mifflin St. #217 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. John Howe	<i>John Howe</i>	Street: 3706 Ross St. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Krista Ledbetter	<i>Krista Ledbetter</i>	Street: 1217 E. Wilson St #6 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, MAGGIE FREESPIRIT, (certify): I reside at 150 TALMADGE STAPT 2 MADISON

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Maggie Freespirit
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ROBERT BORMAN		Street: 3502 DENNETT DR City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Timothy Eagan		Street: 2005 Atwood Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Robert J. Bost		Street: 5109 Ridge Oak Dr City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Dale T. Peterson		Street: 3320 Milwaukee St #3 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Margaret Ordon		Street: 130 Bradford Ln City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. DAVID A. MATHER		Street: 2414 ST. PAUL AVENUE City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Stephen Herrick		Street: 2929 Union City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Matt Pierma		Street: 525 E MICHIGAN ST #7 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. ELIZABETH JOHNSON		Street: 214 N Dickinson St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Sam Crossley		Street: 423 Washburn Pl 53703 City: madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, MAGGIE FREESPIK, (certify): I reside at 150 TALMADGE ST APT 2 MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2085

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kristin Korerec	<i>Kristin Korerec</i>	Street: 702 Lorillard Ct. #110 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Julie Friesler	<i>Julie Friesler</i>	Street: 249 Waubesa St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Cathy Stafford	<i>Cathy A. Stafford</i>	Street: 3409 Hargrove St. City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Timothy Gundeck	<i>Timothy Gundeck</i>	Street: 308 Scott Dr City: De Forest WI Zip: 53532	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City De Forest	11/16/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, MAGGIE FRESPIRIT, (certify): I reside at 150 TALMADGE STAPT 2 MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Maggie Friesler
(Signature of Circulator)

Page No. (Official Use Only)
2086



Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jamison Rabbitt		Street: 411 Baieringer Ct City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
2. LUKE PERLIN		Street: 3817 Cth P City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
3. JEFF ALTER		Street: 704 CHERRYWOOD CT City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. J. Thomas Hargarik		Street: 213 Rosemary Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Tony Tantillo		Street: 3618 Olbrich Ave City: madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
6. JOHN W. GONZALEZ		Street: 214 N. FAIR OAKS AVE City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Scott Treinen		Street: 312 Morningside Dr. City: Deerfield, WI Zip: 53531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11/15/2011 (Month) (Day) (Year)
8. Marc Burns		Street: 718 S. MAIN ST. City: DeForest, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11/15/2011 (Month) (Day) (Year)
9. DENNIS STANZEL		Street: 718 FLORA LANE City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. GLENN DWYER		Street: 504 VANDERBILT DR City: WAUNAKEE Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUNAKEE	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2700 BADGER LN MADISON WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 120 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Corinne Jones	<i>Corinne Jones</i>	Street: 849 Prospect Pl City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
2. Scott Fillner	<i>Scott Fillner</i>	Street: 1100 Tompkins Dr City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)		
3. HANS J	<i>Hans J</i>	Street: 1014 Monterey Lane City: Wauunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauunakee	11/16/2011 (Month) (Day) (Year)		
4. Jonathan Sutherland	<i>Jonathan Sutherland</i>	Street: 323 W. Main St City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)		
5. Ricardo Rios	<i>Ricardo Rios</i>	Street: 2201 S. Whitney way City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
6. Craig Hartline	<i>Craig Hartline</i>	Street: 5326 Kewbridge Rd City: MAD WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)		
7. Gary SACOBOSKI	<i>Gary SACOBOSKI</i>	Street: 4730 46th Rd City: Oregon, WI Zip: 53555	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)		
8. Jody Huel	<i>Jody Huel</i>	Street: 3581 Turn Rd City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/16/2011 (Month) (Day) (Year)		
9. Todd Ots	<i>Todd Ots</i>	Street: 4413 Jay Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
10. MATTHEW J. KAUFMAN	<i>Matthew J. Kaufman</i>	Street: 617 SOUTH BOUND DR City: Deforest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DEFOREST	11/16/2011 (Month) (Day) (Year)		

Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN. MADISON WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Todd G Endres
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jamie OBner		Street: 4201 Portland Cir City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. David Rogers		Street: 208 GENESIS Drive City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/15/2011 (Month) (Day) (Year)
3. Chris Pilsner		Street: 4201 Portland Cir City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Erik Baertscher		Street: 7418 Timberlake Tr #108 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Gerald King		Street: 8153 Windy Oak Dr City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Springdale	11/15/2011 (Month) (Day) (Year)
6. Terry Richardson		Street: 743 Westlawn DR City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
7. Tony Barlow		Street: 4449 Libby Rd City: Madison Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
8. DARNEN ORSON		Street: 3734 SCHAS ST City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. BRIAN ZITLOW		Street: 2009 WHENONA DR City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Michael Polich		Street: 7309 Friendship Ln City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. TODD ENDRES		Street: 2722 BADGER LN City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. John Cox III		Street: 6835 PARK RIDGE DR. City: madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Terry C. How		Street: 4400 Shore Acres Rd City: Monona wis Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/15/2011 (Month) (Day) (Year)
4. Michael Roth		Street: 2201 Wagon + City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. John C. Forst		Street: 43 S. Lytle Dr City: Evansville, WI Zip: 53530	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/15/2011 (Month) (Day) (Year)
6. Joshua Nichols		Street: 333 W. Mill St City: Columbus WI Zip: 53925	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Columbus	11/15/2011 (Month) (Day) (Year)
7. Danie E Murphy		Street: 6809 Fieldwood Rd City: madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
8. Jeanette M. Schumacher		Street: 743 Westlawn Dr City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
9. Lucas Olson		Street: 415 N. Fair Oaks Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming <input type="checkbox"/> Village <input type="checkbox"/> City grove	11/15/2011 (Month) (Day) (Year)
10. John Zumstein		Street: 3807 W. Jargo Rd. City: Deerfield Zip: 53531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Peter Gander	<i>Peter Gander</i>	Street: 1189 Race Track Rd City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11 / 15 / 2011 (Month) (Day) (Year)
2. GARY GRAY	<i>Gary Gray</i>	Street: 3230 MILWAUKEE ST City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
3. Mitonel Pribbernow	<i>Mitonel Pribbernow</i>	Street: 2551 Kendall Ave City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. EARNEST ADAMS	<i>Earnest Adams</i>	Street: 9222 INDEPENDENCE LN City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Barbara Polich Endres	<i>Barbara Polich Endres</i>	Street: 2722 Badger Lane City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11 / 15 / 2011 (Month) (Day) (Year)
6. David Zimmerman	<i>David Zimmerman</i>	Street: 5066 Vienna Dr. City: Waunakee WI Zip: 53597	<input checked="" type="checkbox"/> Town T23 <input type="checkbox"/> City Vienna	11 / 15 / 2011 (Month) (Day) (Year)
7. MATTHEW SCAMARDO	<i>Matthew Scamaro</i>	Street: 709 ACACIA LN City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
8. Gary Pfeifer	<i>Gary Pfeifer</i>	Street: 4851 Irish Lane City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City fitchburg	11 / 15 / 2011 (Month) (Day) (Year)
9. Peter Shorer	<i>Peter Shorer</i>	Street: 4609 CAMDEN RD City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
10. Jon Kornell	<i>Jon Kornell</i>	Street: 302 Stonefield Drive City: Lake Mills WI Zip: 53551	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Mills	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, TODD 6 ENDRES, (certify): I reside at 2722 BADGER LN MADISON WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Arlene J. King	<i>Arlene J. King</i>	Street: 7223 Cross Country Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town Verona <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. John R. King	<i>John R. King</i>	Street: 7223 Cross Country Rd City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town Verona <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Collene A. Grant	<i>Collene A. Grant</i>	Street: 8155 Windy Oak Ln City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town Springdale <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Terry Rauls	<i>Terry Rauls</i>	Street: 6844 Sunset meadow dr City: Windsor Zip: 53593	<input checked="" type="checkbox"/> Town Windsor <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Bruce Bailey	<i>Bruce Bailey</i>	Street: 3551 Rankin Rd City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town Blomington <input type="checkbox"/> Village <input type="checkbox"/> City Grove	11/16/2011 (Month) (Day) (Year)
6. Dugg A Behne	<i>Dugg A Behne</i>	Street: 201 VAN DEUSEN 53715 City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. George V. Soskoff	<i>George V. Soskoff</i>	Street: 1600 W. Medina Rd. City: Marshall Zip: 53555	<input checked="" type="checkbox"/> Town Marshall <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
8. Brandon Butler	<i>Brandon Butler</i>	Street: 2342 Talc Trl 100 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Gary KALE	<i>Gary KALE</i>	Street: 19209 CANTERBURY RD City: BELLEVILLE Zip: 53508	<input checked="" type="checkbox"/> Town DAYTON <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10. Sonja Kincon-Olmos	<i>Sonja Kincon-Olmos</i>	Street: 2817 DUNWOODY DR City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, TODD G ENDRES, (certify): I reside at 2722 BADGER LN. MADISON WI 53713
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 12011
(Month) (Day) (Year)

Todd G Endres
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>MARIANNE GUILFOYLE</u>	<u>Marianne Guilfoyle</u>	Street: <u>Box 703</u> City: <u>MUSCONA</u> Zip: <u>53573</u>	<input checked="" type="checkbox"/> Town <u>EAGLE</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>11/16/2011</u> (Month) (Day) (Year)
2. <u>William C. Koonce</u>	<u>W. C. Koonce</u>	Street: <u>7 High Point Woods Dr. Apt. 303</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)
3. <u>Jeffrey P. Olsen</u>	<u>Jeffrey P. Olsen</u>	Street: <u>423 East Bluff</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)
4. <u>Peter Gitardi</u>	<u>Peter Gitardi</u>	Street: <u>1796 S. Fish Hatchery Rd</u> City: <u>Fitchburg</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u>	<u>11/16/2011</u> (Month) (Day) (Year)
5. <u>William Pitroski</u>	<u>William Pitroski</u>	Street: <u>5370 Congress Ave. #3</u> City: <u>MADISON</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> (Month) (Day) (Year)
6. <u>LAVAL HOOVER</u>	<u>Laval Hoover</u>	Street: <u>5370 Congress Ave #3</u> City: <u>MADISON</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u>	<u>11/16/2011</u> (Month) (Day) (Year)
7. <u>Thomas J. McSweeney</u>	<u>Thomas J. McSweeney</u>	Street: <u>1423 Spraight St</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/16/2011</u> (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)

Certification of Circulator

I, Michael Pionke, (certify): I reside at 520 DeForest St Apt 2 DeForest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Michael Pionke
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>SUSAN Y. HOFFMAN</u> Sign: <u>Susan Y. Hoffman</u>	Street: <u>1510 COMANCHE GLEN</u> City: <u>MADISON WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11</u> / <u>16</u> / <u>2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email Phone (

I, Stephen Arula (Printed Name of Circulator), (certify): I reside at 7201 Commonwealth Ave (Circulator's Residence - Street Name and Number) MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Stephen Arula
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Charity Freeman</u> Sign: <u>[Signature]</u>	Street: <u>146 Rodney Ct Apt. 1</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>William D.P. Costa</u> Sign: <u>[Signature]</u>	Street: <u>211 Vista Rd</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>inco</u> <u>mail</u> Phone (608) _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____

I, Stephen Arnold (Printed Name of Circulator) (certify): I reside at 2201 Commonwealth Ave (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Leahno. Auld Arch</u> Sign: <u>[Signature]</u>	Street: <u>6840 Schroeder Rd Apt 19</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 16 / 2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Theresa Taggart</u> Sign: <u>[Signature]</u>	Street: <u>5339 Brady Dr. #204</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 16 / 2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Beth Pippin</u> Sign: <u>[Signature]</u>	Street: <u>8211 Jade Dr</u> City: <u>Lodi</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Roxbury</u> (Municipality Name)	<u>11 / 16 / 2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Alicia Christensen</u> Sign: <u>[Signature]</u>	Street: <u>2108 Jefferson St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 14 / 2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Wissida Bonstitch</u> Sign: <u>[Signature]</u>	Street: <u>535 W Johnson Apt 407</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 14 / 2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Stephen Arnold, (certify): I reside at 2201 Commonwealth Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Robert Russell</u> Sign: <u>[Signature]</u>	Street: <u>4510 Shore Acres Rd.</u> City: <u>Monona</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)
2. Print: <u>Amanda Veith</u> Sign: <u>[Signature]</u>	Street: <u>2146 Keyes</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>1/14/2011</u> (Month) (Day) (Year)
3. Print: <u>Bette Ferris</u> Sign: <u>[Signature]</u>	Street: <u>501 Division St.</u> City: <u>Ontario</u> Zip: <u>53465</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Ontario</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)
4. Print: <u>Richard Rice</u> Sign: <u>[Signature]</u>	Street: <u>630 Cramer Street</u> City: <u>Mazomanie</u> Zip: <u>53560</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mazomanie</u> (Municipality Name)	<u>11/16/2014</u> (Month) (Day) (Year)
5. Print: <u>JEAN A CHWAE</u> Sign: <u>[Signature]</u>	Street: <u>110 S. Owen Pr</u> City: <u>Madison W/</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

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SCOTT WALKER RECALL PETITION

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1. Print: ELIZABETH CAUL Sign: Elizabeth Caul	Street: 5530 CENTURY AVE #4 City: MIDDLETON Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (
2. Print: Richard Maddox Sign: RM Maddox	Street: 5001 Tokay Blvd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (
3. Print: JOSHUA SCHMIDT Sign: J Schmidt	Street: 213 W BELTLINE HWY #22 City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (
4. Print: Stephanie Yurcisin Sign: Stpl B J	Street: 3514 Topping Rd City: Madison Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood Hills (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (
5. Print: Jason Larson Sign: Jason Larson	Street: 1606 Ellen Ave City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (

I, Stephen Arnold (Printed Name of Circulator) (certify): I reside at 2201 Commonwealth Ave (Circulator's Residence - Street Name and Number) Madison (Circulator's Municipality)

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Stephen Arnold
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Print: <u>Rolf Mjaanes</u> Sign: <u>Rolf Mjaanes</u>	Street: <u>2153 Fox Ave.</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (6
2. Print: <u>Elizabeth Chavez</u> Sign: <u>Elizabeth Chavez</u>	Street: <u>3730 Zwerg Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Kellie Miller</u> Sign: <u>Kellie Miller</u>	Street: <u>6414 Keelson Dr.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Karen H. Jankowski</u> Sign: <u>Karen H. Jankowski</u>	Street: <u>2244 Commonwealth Ave</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (60
5. Print: <u>Rochelle Engel</u> Sign: <u>Rochelle Engel</u>	Street: <u>2114 Adams St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (

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Stephen Arnold
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. <u>Monica Winkler</u> Print: <u>Monica Winkler</u> Sign:	<u>4110 Mineral Point Rd</u> Street: <u>Madison WI 53705</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
2. <u>Jacqueline Stambaugh</u> Print: <u>Jacqueline Stambaugh</u> Sign:	<u>2901 Post Rd</u> Street: <u>Madison 53713</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
3. <u>ASHLEY CROOKS</u> Print: <u>ASHLEY CROOKS</u> Sign:	<u>2010 E WASHINGTON</u> Street: <u>MADISON 53704</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
4. <u>CASSIE KIENERST</u> Print: <u>CASSIE KIENERST</u> Sign:	<u>2310 Parmenter St Apt 219</u> Street: <u>Middleton 53562</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> <small>(Municipality Name)</small>	<u>11/14/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()
5. <u>Erin Clements</u> Print: <u>Erin Clements</u> Sign:	<u>1519 Jefferson St #1</u> Street: <u>Madison 53711</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ()

I, Stephen Arnold (certify): I reside at 2201 Commonwealth Ave Madison
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Stephen Arnold
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